PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032

				sons are required to r	espond to a collect	tion of inform	ation unless it di Application o	splays a	valid OMB co	ontrol number	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMAI	L ENTITY	OR	OTHER THAN OR SMALL ENTITY		
FOR		NUMBI	NUMBER FILED NUMBER			RAT	E FEE		RATE	FEE	
	SIC FEE CFR 1.16(a))				х.		s.375	OR		s	
	AL CLAIMS CFR 1.16(c))	- 4	minus 20 = * 🏕			x \$	_=	OR	x \$=		
	EPENDENT CLA	AIMS	minus 3 =			x	_=	OR	x=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+	=	OR	+=		
* If the difference in column 1 is less then zero, enter "0" in column 2						TOT	AL 375 @	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	LL ENTITY	OR	OTHER T		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_=	OR	x \$=	į	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=	OR OR	x=		
	FIRST PRESENTATION OF MULTIP			PENDENT CLAIM	(37 CFR 1.16(d))	1 -	_=	OR	+=		
(Column 1) (Column 2) (Column 3)						TOT.		OR	TOTAL ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$	_=	OR	x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	_=	OR	x=		
	FIRST PRESENTATION OF I		ULTIPLE DE	PENDENT CLAIM	(37 CFR 1.16(d))]	_=	OR	+=		
(Column 1) (Column 2) (Column 3)						TO: ADDIT. I	TAL TEE	OR	TOTAL ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))		Minus	**	=	x \$	_=	OR	x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x	=	OR OR	x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1] [-	_=	OR	+=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.											

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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